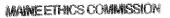
2009 Calendar Year





COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	GISLATOR INFORMATIO)N	
Name		Office:	
Nancy Sullivan		☐ House	☐ Senate
Mailing address /		District	
20 Westwood DR.	emperaturas estrumas empresas de partir sentent de la Sestiva del 18 filiares del desta formativa de la compos	Infe	je okodinas varanska svita i st. seovanda skihina kommune vit somat i komute i komute i komute i komute i komute i
City, zip code		Phone	0.2
Budgerond 0400:	5	(do7) a	<u> 82-5594</u>
PART 1. INCOME DE	RIVED FROM EMPLOYN	MENT BY ANOTHER	
List the name and address of each employer from when the control of the control o	om you received compensa	tion of \$1,000 or more. Specify	the principal type of
economic activity of each employer.		ffilst obested National Institutional and solved graphing to be horolished in the National American Am	neminilynispannas four in pinantes pli finaziy i insere nanini pyrading ydings
Name of Employer	Address		ype of Economic of Employer
Saco- City of Saco	Beach St.	•	£
·	Saco He c	1/22	cher
School Department	en e	240 1 Januari assassassassassassassassassassassassass	er er statut ett statut er sta
State of Maine	Augusta	1.00	slator
A Transverse	J	~ £7'	Jew i Vi
	AMBINGSON BINGSON STATE OF A 18-12 FOR THE STATE OF THE S		ough emission glass for physics in the appropriate guide. Section 2: In the appropriate is the cut
Alloy Actions			
. 691000045; 4914055 601055 60160 60045; 651099465 000 60046; 6006 606 606 604 604 604 604 604 604 60	DERIVED FROM SELF		
A. List the name and address of your business, if any	islators who are self-emp and list the major areas of		derived income If
associated with a partnership, firm, professional asso- entity.			
			eas of Economic
Name and Address of Business Entity	Major Areas of Ec) (partnership,	Activity association or similar
		busi	ness entity)
Name:	(*************************************	* College Annie Andrea Annie A	
Address:		Artemente	
Name:			en de distribuit de la company de la comp La company de la company d
Address:		e de es casa Villimi	
	-	000A,00A.A.B.	

PART 2 (continued). INCOME DERIVED FROM SELI (For Legislators who are self-employed.)	F-EMPLOYMENT
B. List each source of income derived from self-employment that represents more than 10 greater, and specify the principal type of economic activity of the entity or person from disclosure is prohibited by law, rule, or an established code of professional ethics, specify entity or person from whom the income was derived.	whom you derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	AND STATE OF THE S
Name: Address:	
PART 3. MAJOR AREAS OF PRACTIC (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practi	
Name and Address of Firm Major /	Areas of Practice Major Areas of Practice (self) (firm)
Name:	
Address:	HISTORY
Name:	
Address:	
	9
PART 4. OTHER SOURCES OF INCOM	IE
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do n	ot include gifts. If none, check the box.
□ None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	· ·
Name:	**************************************
Address:	
PART 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received areas of economic activity of each creditor. Do not list credit card liability or loans from a re	during the reporting period, and list the major ative. If none, check the box.
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	vestuatesati

PART 6. I	REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Includ none, check the box.	e gifts with an aggregate v	alue of more than \$300 from a single source.	. If
☐ None	kakhat sandat memunit semal mumani t ministramunik sema kan sembil seri olibat mumanust ummuban be		*,******
Name of Source of Gift	ing kipang dapah sapan Bash kepang kipah kebanan ang kiban dan antahan dapan melakah kebalan girik kipang ang pengang sebanan	Name of Source of Gift	sinibelNjegsi
1. Annie E. Casey Foundation	3.		
2.	4.		LIPELIN CONTRACTOR
PART 7. REP	ORTABLE HONORARIA		55100
List the source of any honoraria accepted for appearances or sp	peeches related to your legi	slative responsibilities. If none, check the box	
None	સ્ત્રજ્ સ્થારિક કર્યું કે સ્ત્રુપ્ત કર્યો કે સ્થેપન કે કે સ્ત્રુપન કે કે સ્ત્રુપન કે કે કે કે કે કે કે કે કે ક 		Indianalasia 2011-01
Name of Source of Honoraria		Name of Source of Honoraria	
1.			MINISTER SHOW
2.	4.		
PART 8. REPRESENTA	TION BEFORE STATE	AGENCIES	100 (100 (100 (100 (100 (100 (100 (100
List each executive branch agency before which you represent box.	ted or assisted others for c	ompensation of any amount. If none, check	the
☐ None	одоба на применения вышения вышения вышения вышения объектов на применения выполнения выполнения выполнения вы		Annona Antariti
Name of Agency	e de production de la company de la comp La company de la company de	Name of Agency	
1.	3.		
2.	A .	the bound of the section of the sect	vioa izvitvili lov
DAPT 0 BISINE	SS WITH STATE AGEN	CIES	
List each executive branch agency to which you or a member	a saukė sisvas ose ežirės biogres kielioses		of
\$1,000 during the reporting period. If none, check the box.	in Andrew the Land Control of the Andrew Con		APPENION A
None	natiya ahiya fa hiyamba a qilliklir akimilasa kamilabo iyonandi a samoqo ka a shilik kanada e e e e ilibu a samoqo q		energy energy en
Name of Agency		Name of Agency	
1.	3.		nonelvisioner.
2.	4.		
			950(88)
PART 10. INCOME RECEIVED			(2 (85)
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of or more of income, their name and job title are listed. Do not income	f income represented. If yo		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity	Relationship Kind of Income	
	Representing Source of Income Received	Relationship Kind of Income	
Name: PAUL F SULLIVAN	1. Wages 2. Unemployment 3.	1. Spouse or	
Name: PAUL F SULLIVAN Job Title: PIT Legislature Dac.	2. Unemployment	Domestic 2. Partner	
Clerk	S . iiideniiniiniiniiniiniiniiniiniiniinii eelissi seesista eelista araa araa araa araa iraa araa araa ar	3. Dependent	Унараме нно
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If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent Child	
activity and the kind of income.		Dependent	UMARTONIOS
		Child .	

			And the second second second	en oue-parted outsector life ou	ER OR DIRECTO	econoccupicación con contrata de la				
List any for-profit any office, trustee was compensated	ship, direc	torship, or p	osition of an	ıy nature.	Indicate whether y	rou or a fam	nily held the p	osition and v	r immedia whether th	e family held e position
☐ None										
		ation/Busines Address	SS		Title	Pos	sition Held By:	Family Men Name		Compensated?
	-									
and the second s										
								E		
	·									
					SIGNATURE					
A Legislator who	willfully fa	ails to file a	required s	tatement	is subject to a fir	ne of un to	\$100 (1 N	1RSA 81	017-A)	
The intentional fil willfully filed a fal	ling of a f	alse statem	ent is a Cl	ass E crir	ne. If the Comm	nission cor	ncludes that	it appears	that a Le	gislator has
The intentional fil	ling of a f	alse statem lent, it shall	ent is a Cl	ass E crir	ne. If the Comm	nission cor	ncludes that	it appears	that a L€	gislator has
The intentional fil	ling of a f	alse statem ient, it shall	ent is a Clarefer its fir	ass E crir	ne. If the Comm	nission cor	ncludes that	it appears	that a Le	gislator has
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